STATEMENT OF

F	FORM 1	Ol	(See instruction			Office use only
1.	NAME OF COMMITTEE (in	full) (Check if name s changed)	Example: If typying, ty over the lines	12FE4M5	
L	American Soc	iety of Travel Ager	nts PAC			
Ш						
ADI	DRESS (number and	street)	King St.			
П	(Check if address is changed)	Suite	200			
Ш		Alexa	ndria 		L VA	22314 -
				CITY▲	STATE▲	ZIP CODE ▲
CO	MMITTEE'S E-MA	L ADDRESS (Please p	•	,		
	(Check if address is changed)	bohar	a@astahq.com) 		
CO	MMITTEE'S WEB	PAGE ADDRESS (UR	L)			
П	(Check if address	;	1111			1
is changed)		 				
2.	DATE 0.3	D D Y Y 27	^Y 2 0 0 9			
3.	FEC IDENTIFICA	TION NUMBER	[C C00114108		
4.	IS THIS STATEM	IENT X NEW	(N) OR	AMENDED	(A)	
l cer	tify that I have exami	ned this Statement and to	o the best of my kno	wledge and belief it is true, c	orrect and complete	
т	a au Duint Nama af	т М	r. Bill Coyle			
тур	e or Print Name of	rreasurer	,			
Sigr	nature of Treasurer	Electronically Filed	by Mr. Bill Co	pyle	Date 0 3	3
NOT	ΓE: Submission of fa			y subject the person signing		
	Office Use Only			For further infor Federal Election Toll Free 800-42	Commission	FEC FORM 1 (Revised 02/2009)